

<b>Case Number:</b>	CM14-0145263		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	01/06/2014
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	08/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehab and Pain Medicine, and is licensed to practice in Texas and Oklahoma. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 52-year-old male who reported injury on 01/06/2014. The mechanism of injury was the injured worker fell to a concrete floor when a rolling stool moved. Prior treatments and surgical intervention included a closed reduction and percutaneous pinning of the left wrist dorsal styloid and an ulnar styloid fracture on 01/15/2014 followed by 39 visits of physical therapy. Additional surgery was noncontributory. Additional treatment included a right thumb tenosynovectomy and trigger thumb release surgery. The diagnostic studies were not provided. The documentation of 07/31/2014 revealed the injured worker had complaints of pain in the right thumb as well as pain and numbness in the left wrist and hand. The injured worker's pain had remained the same. The physical examination revealed grade 3 tenderness to palpation with restricted range of motion of the left wrist. There was grade 3 tenderness to palpation in the left hand and in the right thumb. The injured worker had decreased range of motion. The diagnoses included status post closed reduction internal fixation distal left radius and ulnar fracture with residual contractures of the proximal interphalangeal joint digits 2 through 5 and capsulitis at metacarpal phalangeal joint digits, and right thumb tenosynovitis and trigger thumb flexion contracture industrially caused by breaking a fall on 01/16/2014. The treatment plan included Flurflex 180 grams and TGHOT 180 grams of thin layer to the affected area twice a day as well as tramadol 50 mg #60 every 12 hours as needed. There was a request for authorization submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**TGHot (Tramadol 8%, Gabapentin 10%, Menthol 2%, Camphor 2%, Capsaicin 0.05%) #180gm Apply Thin Layer Twice a Day to Affected Area. (Left Wrist and Right Thumb): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75,78, 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol; Gabapentin; Topical Capsaicin; Topical Analgesics; Topical Salicylates Page(s): 82; 1. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA.gov

**Decision rationale:** The California MTUS indicated that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety... are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed... Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended.... Topical Salicylates are recommended... A thorough search of FDA.gov, did not indicate there was a formulation of topical Tramadol that had been FDA approved. The approved form of Tramadol is for oral consumption, which is not recommended as a first line therapy... Gabapentin: Not recommended. There is no peer-reviewed literature to support use... Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. The guidelines recommend Topical Salicylates. The clinical documentation submitted for review failed to provide documentation that the injured worker had trialed and failed antidepressants and anticonvulsants. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. Additionally, the medication includes tramadol and the injured worker was prescribed oral tramadol. There was a lack of documentation indicating a necessity for both topical and oral tramadol. Given the above, the request for TGHot (Tramadol 8%, Gabapentin 10%, Menthol 2%, Camphor 2%, Capsaicin 0.05%) #180gm Apply Thin Layer Twice a Day to Affected Area. (Left Wrist and Right Thumb) is not medically necessary.